

ATTACHMENT 11
PROJECT: RENTAL ACQUISITION WITHOUT REHABILITATION

If more than one project of this type, submit a separate copy of this attachment for each project.

Name of Applicant: _____

SECTION I. PROJECT INFORMATION

A. Project Name: _____

B. Project Address/Location: _____

C. Project Owner: _____

D. Managing General Partner (if different from the owner): _____

E. Project Inspector: _____

SECTION II. PRIOR EXPERIENCE WITH RENTAL ACQUISITION PROJECTS

A. Similar subsidized rental acquisition projects implemented by applicant, city/county administering a CHDO's project or administrative subcontractor in the last 5 years.

1. Indicate the name of the entity for which information is provided (list only one):

Applicant: _____

City/County administering CHDO applicant's project: _____

Administrative Subcontractor: _____

2. Provide information on similar subsidized rental acquisition projects implemented in the last 5 years by the entity identified in A.1.

Project Name	Location	Total Units	Subsidized Units	Funding Sources	Acquisition Completion Date

Project Name	Location	Total Units	Subsidized Units	Funding Sources	Acquisition Completion Date

B. Similar subsidized rental acquisition projects owned within the last 5 years by the owner or managing general partner identified in Section I.C. or I.D.

1. Indicate the name of the entity for which information is provided (list only one):

Owner: _____

Managing General Partner: _____

2. Provide information on similar subsidized rental acquisition projects owned within the last five years by the entity identified in 1.

Project Name	Location	Total Units	Subsidized Units	Funding Sources	Acquisition Completion Date

C. List any Department projects in which the owner and/or managing general partner identified in Section I. have participated within the last 5 years.

Project Name	Project Location	Department Project Number	Department Program Funding Source(s)	Date Project Completed

SECTION III. DEVELOPMENT MILESTONES

A. Site Control

1. Does the applicant, city/county administering a CHDO's project, or developer have site control in one of the forms listed under 3. below?
☐ Yes ☐ No
2. If yes to 1, name of entity having site control: _____
3. If yes to 1, indicate form of site control and provide documentation as Attachment 11.A.
 - ☐ fee title
 - ☐ land sales contract or other enforceable agreement for the acquisition of the property
 - ☐ enforceable option to purchase or option to lease which shall extend through the anticipated date of the Program award as specified in the NOFA
 - ☐ disposition and development agreement with a public entity
 - ☐ leasehold interest on the project property with provision in the lease that enables the lessee to make improvements on and encumber the property provided that the terms and conditions of any proposed lease shall permit, prior to loan closing, compliance with all Program requirements, including compliance with Section 8316
 - ☐ agreement with a public agency that gives the Sponsor exclusive rights to negotiate with that agency for acquisition of the site, provided that the major terms of the acquisition have been agreed to by both parties
4. If yes to 1., provide a preliminary title report which is dated no sooner than six months

prior to the application due date identified in the NOFA. (Provide as Attachment 11.B.)
[] Check if attached

B. Article XXXIV

Submit a letter from local government counsel for the jurisdiction in which the project is located indicating the need for and status of Article XXXIV approvals as Attachment 11.C.
[] Check if attached

C. Permanent Project Financing Commitments in Place

1. Total Acquisition Cost: \$ _____
Requested HOME project funds: \$ _____
Other permanent financing required: \$ _____

2. List Source(s) and Amount(s) of Other Permanent Financing Required. In order to be considered committed, documentation as described in 3. below must be submitted as Attachment 11.D.

Source(s) of Financing	Amount(s)	Committed (Yes/No)

3. Submit permanent project financing commitments for, at a minimum, the HOME-required period of affordability, as evidenced by letters or resolutions from the funding sources, evidence of fee waivers, etc. Label this documentation as Attachment 11.D. Financing commitments must contain the following information:

- a. borrower name
- b. project name, if any
- c. project address
- d. amount, interest rate and terms

[] Check if attached

D. Phase I Environmental Assessment

Submit a copy of a Phase I for this project as Attachment 11.E.
[] Check if attached

E. Pending Lawsuits

If there are no pending lawsuits that would impact the implementation of this project, submit a certification to that effect as Attachment 11.F.
[] Check if attached

F. Acquisition Progress

Submit a certification from the inspector identified in Section I.F. stating that at least 50 percent of the units in the property have been inspected and there is no rehabilitation required after

acquisition. Also submit the inspector's resume and a list of comparable projects for which that person has provided inspection services similar to those required for this project. Submit both the certification and resume as Attachment 11.G.

☐ Check if attached

G. Assessment of Relocation Needs

Using the following format, provide information for all units as Attachment 11.H.

Unit Number	Surveyed (Yes/No)	Vacant/ Occupied	Household Income- Indicate Very low/low/over HOME Income Limits	Relocation Required	Estimated Relocation Cost

SECTION IV. FISCAL INTEGRITY

A. Acquisition Phase

1. Submit a completed Permanent Sources and Uses on the attached form as Attachment 11.I.
2. Submit one of the following as Attachment 11.J.:
 - ☐ An appraisal showing that the value of the property is at least the amount included in the purchase option or as allowed in State Uniform Multifamily Regulations Section 8311; or
 - ☐ An option agreement capping the price of the property at the appraised value when that is determined.

B. Operations Phase

1. Submit an operating proforma for the project for the period of affordability labeled as Attachment 11.K. and Income Information on the attached form as Attachment II.L.
 - a. For CHDO applicant projects:
 - (1) Proforma rents must conform to HOME Program requirements;
 - (2) Operating income must be sufficient to pay operating costs, reserves (operating reserve at 3% of operating expenses and replacement reserve at .6% of acquisition cost) and debt service; and
 - (3) The debt coverage ratio must meet NOFA requirements (what is required by other lenders not to exceed 1.15).
 - b. For State Recipient projects:
 - (1) Proforma rents must conform to HOME Program requirements;
 - (2) Operating income must be sufficient to pay operating costs, reasonable reserves, private and/or other public debt service, and any required repayment of the HOME loan; and

- (3) The debt coverage ratio must meet NOFA requirements (what is required by other lenders not to exceed 1.15).

SECTION V. LOCAL MARKET INFORMATION Complete the following for the project.

Unit Size	Number of HOME Units	Proposed Rent for HOME Unit	Fair Market Rent
SRO			
0-bedroom			
1-bedroom			
2-bedroom			
3-bedroom			
4-bedroom			

SECTION VI. IDENTIFY REQUIRED MATCH OF 25 PERCENT

- A. Provide the calculation of required match:

HOME project costs: _____ x .25 = _____

- B.

Source(s) of Match	Value
TOTAL MATCH	

SECTION VII. LEVERAGE Only permanent **activity** (not administration) funds should be included.

In order to be counted, documentation must be provided as Attachment 11.M. (If documentation has already been provided as Attachment 11.C., state that in Attachment 11.M.)

- A. Provide the calculations in the space provided.

Total Acquisition Cost: \$ _____

Requested HOME project funds: \$ _____

Other permanent financing required: \$_____

- B. Source(s) and Amount(s) of Other Permanent Financing Required (In order to be considered committed, the documentation described in C. must be submitted.)

Source(s) of Funding	Amount(s)	Committed (yes/No)

- C. Submit permanent project financing commitments for, at a minimum, the HOME required period of affordability, as evidenced by letters or resolutions from the funding sources, evidence of fee waivers, etc. Documentation must contain the following information:

1. borrower
2. project name, if any
3. project address
4. amount, interest rate and terms

Applicant: _____
Attachment No.: _____
Project Name: _____

Sources and Uses: Permanent Financing

Show the uses of permanent sources of funds in the left hand column and the sources themselves spread across the top row in the correct lien position.

Sources:					
Lien Position:	First	Second	Third	Fourth	Fifth
Uses (1)					
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$

(1) Sample Uses

Payoff of ABC Bank Loan
Rollover of HOME Loan
Rollover of City Loan
Permanent Lender Fees
Initial Operating Reserve
Title and Escrow Fees
Rent-Up: Vacancy
Post Construction Audit

Applicant: _____
 Attachment No.: _____
 Project Name: _____

Income Information
 Adapted from TCAC Application*

For a tax credit unit, the combination of resident paid monthly rent and the utility allowance (if utilities are paid by resident) cannot exceed the maximum allowable under IRC Section 42 (g). For a HOME unit, this combination cannot exceed the allowable HOME rents under 24 CFR Part 92. Identify manager's unit even if rent will not be charged.

Low-Income

(a) Unit Size No Of Bdrms	(b) No. Of Units	(c) Proposed Monthly Rents (less Utilities)	(d) Total Monthly Rents (b x c)	(e) Monthly Utility Allowance	(f) Proposed Rents w/ Utilities [(c + e) x b]	(g) **FMRs	(h) Total FMRs (b x g)

Manager's Unit

		Total					

** Fair Market Rents (FMR) as set forth in 24 CFR 92.252(a)(1)

Market Rate

		Total	

TOTAL MONTHLY RENT FOR ALL UNITS \$ _____

X 12

TOTAL ANNUAL RENT FOR ALL UNITS \$ _____

* The Tax Credit Allocation Committee (TCAC) application from which this was adopted was amended and adopted September 26, 1995 (Technical corrections adopted April 2, 1996)